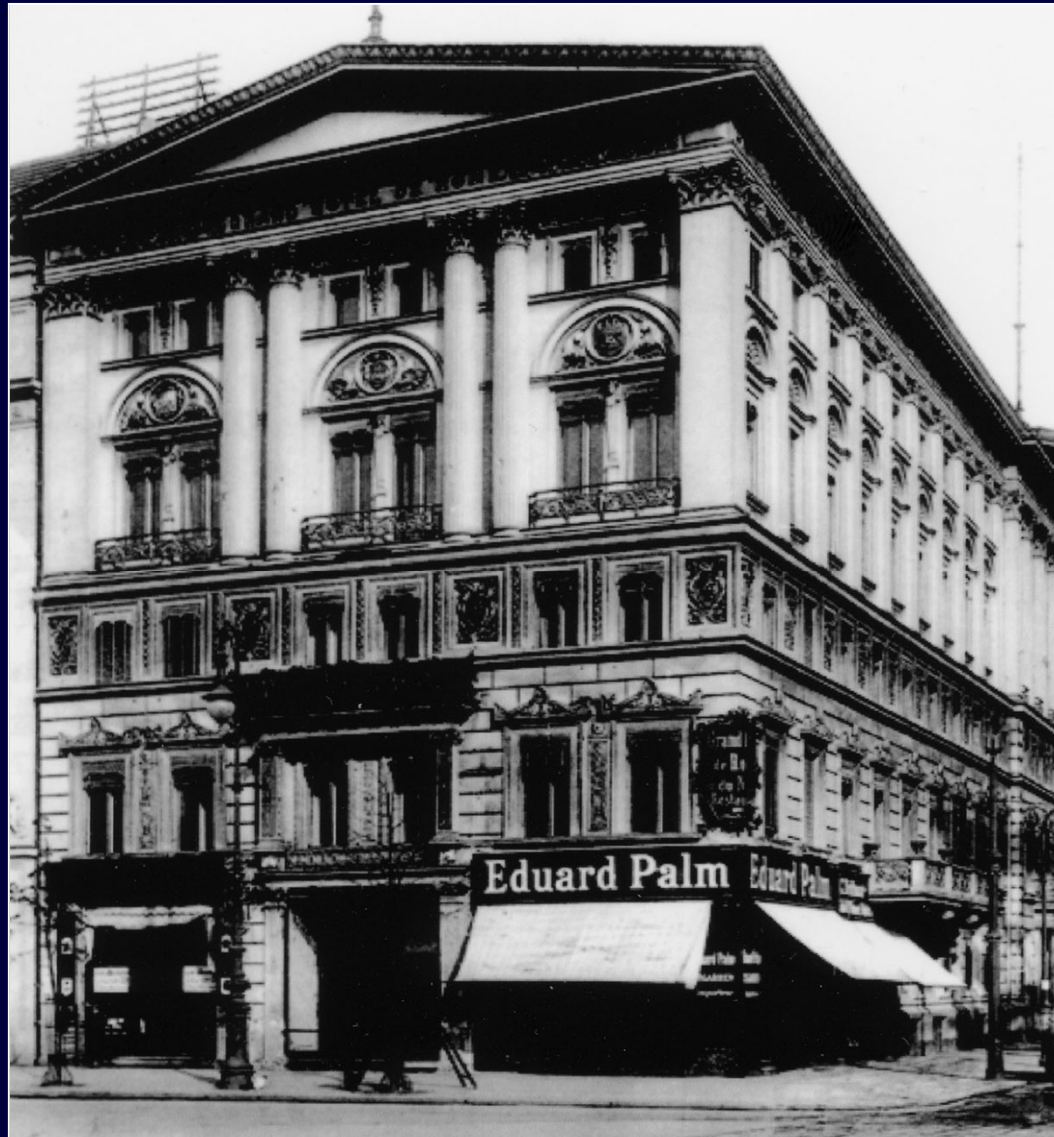


The German Society of Surgery: History



Meyer, Hans- Joachim and Hartwig Bauer
Berlin / Altötting

Foundation of the GSS (Hotel de Rome Berlin, 1872)



GSS

The founding fathers of the GSS

The German Surgical Society
Founded in 1872

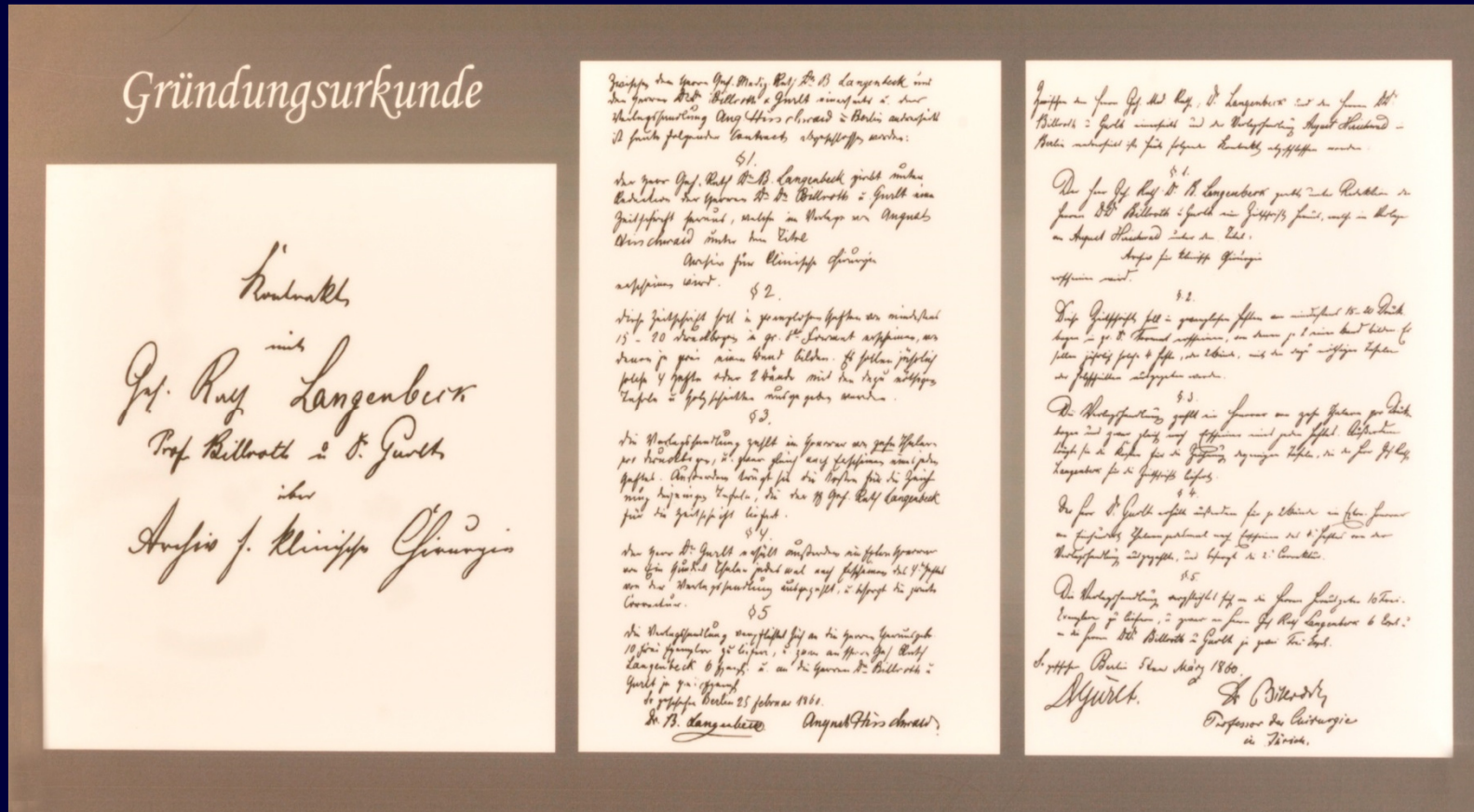


The founding fathers

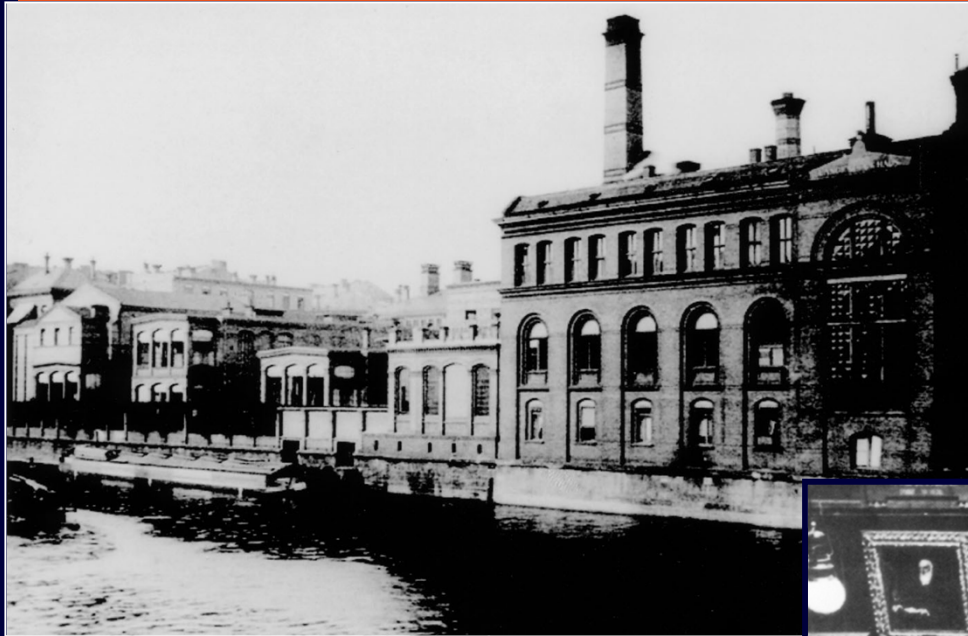
Richard v. Volkmann (1830-1889), Johann v. Esmarch (1823-1908), Heinrich v. Bardeleben (1819-1895), Bernhard v. Langenbeck ((1810-1887), Theodor Billroth (1829.1894), Gustav Simon (1824-1876), Ernst Julius Gurlt (1825-1899)

GSS

Langenbecks Archives of Surgery (Foundation charter in 1860)



The "old" Langenbeck-House (Inauguration 1892)

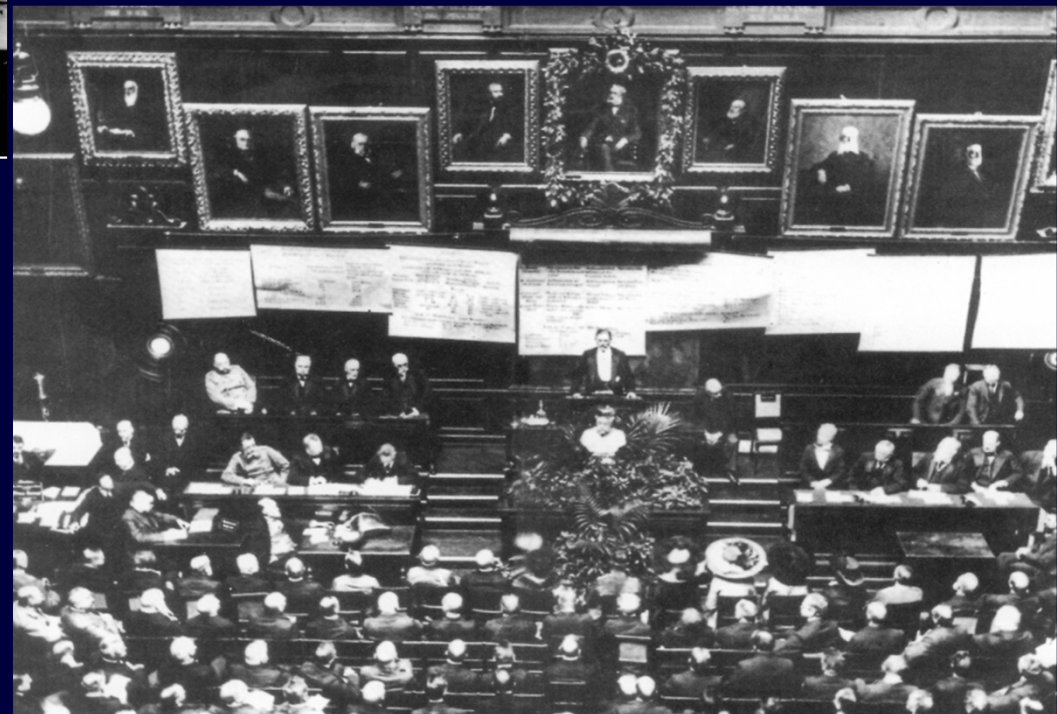


Berlin, Ziegelstrasse

Auditorium

*"There is nothing more important
for a social or professional
community than to stand firm, and
where does it stand more firmly than
on its own ground, committed to
free self-determination?"*

Ernst von Bergmann's words, spoken on the
inauguration of the old Langenbeck House in
Ziegelstraße in 1892, remain true to the present day



History of LVH I



- **1910 Building Site**
The building site in Luisenstraße 58/59 is acquired by the Berlin Medical Association (BMG) in 1910 for 603,000 Marks. In 1913, BMG and German Surgical Society (DGCH) form an unlimited partnership (LVR GbR) to build and administer the Langenbeck Virchow House.
- **1914 Topping out ceremony**
The site is cleared for construction in February and March 1914, and the topping out ceremony takes place on July 14th, 1914 - a magnificent achievement.
- **1915 Completion**
The building is opened on August 1st, 1915 by the two directors of the LVH GbR, von Trendelenburg (DGCH) and Landau (BMG), in a simple inauguration ceremony.
- **1920 Official opening**
It is only after the war, on April 7th, 1920, that the German Surgical Society holds an official opening ceremony on the occasion of its 44th Congress, with August Bier, then President of the Society.

Following the recommencement of the activities of doctors and medical associations in the Langenbeck Virchow Haus, the wish of August Bier expressed at its official opening after the first world war in 1920

"May von Langenbeck's spirit also occupy this house. That is the spirit of true science, consummate medical skill, faithful fulfilment of duty, nobility, honesty, modesty and philanthropy".

Source: Hans-Jürgen Peiper. Das Langenbeck-Virchow-Haus - im Spiegel der Geschichte der Deutschen Gesellschaft für Chirurgie, Einhorn-Press Verlag, 2001

Annual congress of the GSS (1915 - 1943)



GSS

History of LVH II



- **1945-1949 Occupation**

After the end of the war, the building is occupied by the Soviet military authority until November 1949. During this period all the costly internal fittings are plundered, including pictures and furniture as well as the extensive library.

- **1949 GDR Constituted**

The government of the German Democratic Republic (GDR) forces the German Surgical Society and the Berlin Medical Association to lease the Langenbeck Virchow House to the government of the GDR for an initial period of five years.

The Parliament of the GDR, the "People's Chamber", is constituted in the auditorium and convenes in the Great Hall until 1976.

- **1953 Expropriation**

Because the building has been claimed in accordance with the reconstruction ruling of the German Democratic Republic (GDR), the property is registered in the Land Registry as "property of the people". This is done without the consent of the Lord Mayor of Berlin.

The first President of the German Democratic Republic, (GDR) W. Pieck, is elected in the Great Hall of the Langenbeck Virchow House.

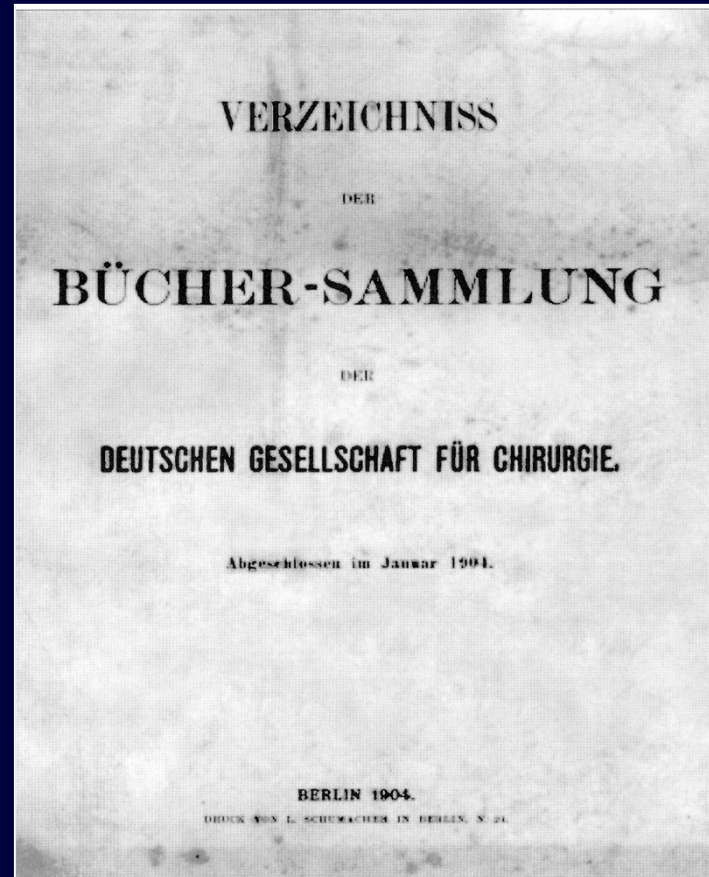
- **1955 People's Army**

On January 18th, 1955, the mustering of the National People's Army of the German Democratic Republic (GDR) is proclaimed in this building by the representatives of the first "Workers' and Farmers' State" in Germany.

- **1963 Compensation**

As late as May 1963, indemnifying payment to the original owners of the building is rejected

Register of the GSS library 1904



The complete library of the LVH with > 200 000 books is lost since the second World war

GSS

History of LVH III



After the German Reunification:
First talks about merging the both
German Surgical Societies (January
15th 1990)

- **1989-1990 Chance**
The collapse of Communism in East Germany 1989 seems to offer a chance that the property will be returned to the original owners.
- **1993 Prospects**
In January 1993 the Senate for Cultural Affairs in Berlin offers the prospect of returning the property in the near future.
- **1994 Rejection**
Unexpectedly, both the office responsible for ruling on unresolved property questions and the appeals office reject the claim for restitution, reasoning that with the expropriation of the building in accordance with the reconstruction ruling of the German Democratic Republic (GDR), the site had become people's property.
- **1995 Negotiations**
The Senate of Berlin offers joint use with the Charité, to whom the use of the building has been transferred. After lengthy negotiations, the "overall coordinator" for the Charité states that there can be no question of selling back to the original owners in the medium term "because of our own extremely pressing requirements".

History of LVH IV



- **2000 Back on site**

In expectation that restitution will be approved, the Professional Association of German Surgeons formally rents offices in order to protect the interests of the owners. The DGCH returns from Munich to the Langenbeck Virchow House.

- **2003 Restitution**

Success - after 10 years of legal conflict that often appeared doomed to failure, the building is won back through a judgement of the Berlin administrative court and restored to the German Surgical Society and the Berlin Medical Association in 2003.

- **2004 Sponsoring**

As a company within the B. Braun Group, Aesculap concludes a long term co-operation agreement with the Langenbeck Virchow House GbR, allowing extensive renovation work to be carried out. At the same time it is created a domicile of the Aesculap Academy as a center of knowledge and dialogue.

- **2004-2005 Restoration and Opening**

Nine months of planning and awarding contracts follow in order to restore and expand the Langenbeck Virchow House. Building starts in August 2004. The topping out ceremony is held on March 9th; the building is handed over to its owners on August 31st.

On October 1st 2005, the German Surgery Association and the Berlin Medical Association opened the newly restored Langenbeck-Virchow House in Central Berlin in a formal ceremony

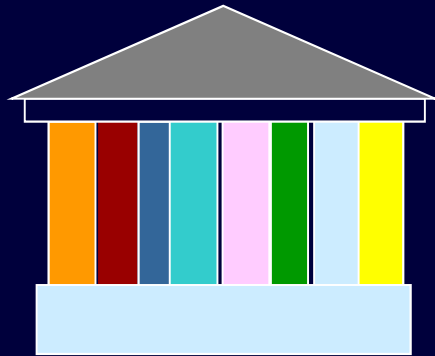


LVH in 2015: 100 years old and 10 years after reopening

The Langenbeck-Virchow-House in Berlin:
Homestead of German Surgeons



Practising surgeons in Germany



➤ General (+Visceral) Surgery	12 787
➤ Trauma & Orthopedics	16 303
➤ Vascular	1 525
➤ Heart	855
➤ Plastic	1 079
➤ Pediatric	587
➤ Thoracic	485
➤ Neuro	1 860
➤ Maxillo-Fac.	1 582
Total	37.063

Statistics BÄK 2014

Members of GSS

German Society of...



General and Visceral Surgery



Vascular Surgery



Pediatric Surgery



Maxillo-Facial Surgery



Neurosurgery



Ortopedics and Orthopedic Surgery



Plastic, Reconstructive and Aesthetic Surgeons



Thoracic Surgery



Thoracic, Heart and Vascular Surgery



Trauma Surgery

Structure and number of memberships (2014)



Personal Members of DGCH

6.493

- Female Surgeons

865 (13,3 %)

Associated Members (members of the 10 surgical societies of DGCH)

- German Society of General and Visceral Surgery (DGAV)	2.034
- German Society of Vascular surgery (DGG)	1.609
- German Society of Pediatric Surgery (DGKCH)	440
- German Society of Maxillo-Facial Surgery(DGMKG)	319
- German Society of Neurosurgery (DGNC)	1.454
- German Society of Orthopedics and Orthopedic Surgery (DGOOC)	1.975
- German Society of Plastic, Reconstructive and Aesthetic Surgery (DGPRÄC)	712
- German Society of Thoracic Surgery (DGT)	324
- German Society of Thoracic, Heart and Vascular Surgery (DGTHG)	916
- German Society of Trauma Surgery (DGU)	3.816

Associated Members (total)

13.599

Members of DGCH (total)

20.092

German Surgical Society

Managing Board

President

3 Vice- Presidents

- Past President
- Incoming President
- President elect

Secretary General

Office

Treasurer

Council

Managing Board

10 Presidents of Member Societies

President of PAS

Presidential Committee

Council

Representatives of

- Section of Surgical Research
- Heads of Hospitals (university and non university)
- Senior Surgeons (university and non university)
- Office Based Surgeons

**Senate
Former Presidents**

Sections, Working Groups und Commissions (in cooperation with all member societies)

Sections

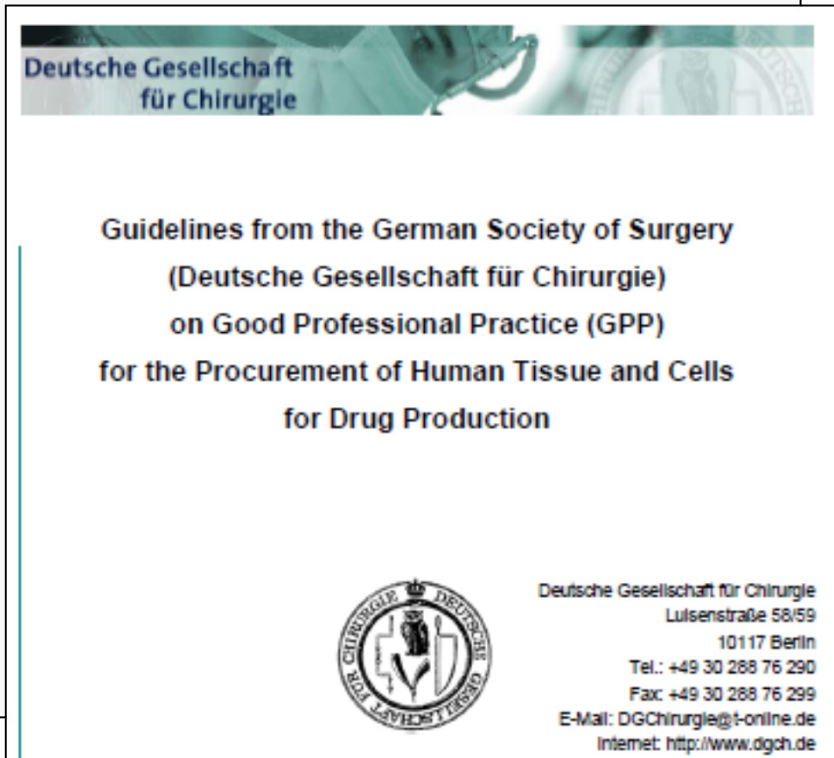
- Section Surgical Research (SCF)
- Section Minimally Invasive, Computer- and Telematic-Assisted Surgery (CTAC)
- Section Surgical Oncology (CAO)

Working Groups

- Acute Pain (CAAS)
- Ambulatory Surgery (CAAO)
- Surgery in Developing Countries (CAEL)
- Intensive- & Emergency medicine (CAIN)
- Hospital Structure (CAK)
- Education and Training (CAL)
- Media (CAM)
- Perioperative Medicine (CAPM)
- Quality und Patient Safety (CAQS)


Commissions

- Postgraduate Training
- Diagnosis Related Groups (DRG)



Deutsche Gesellschaft
für Chirurgie

Guidelines from the German Society of Surgery
(Deutsche Gesellschaft für Chirurgie)
on Good Professional Practice (GPP)
for the Procurement of Human Tissue and Cells
for Drug Production



Deutsche Gesellschaft für Chirurgie
Luisenstraße 58/59
10117 Berlin
Tel.: +49 30 288 76 290
Fax: +49 30 288 76 299
E-Mail: DGChirurgie@t-online.de
Internet: <http://www.dgch.de>



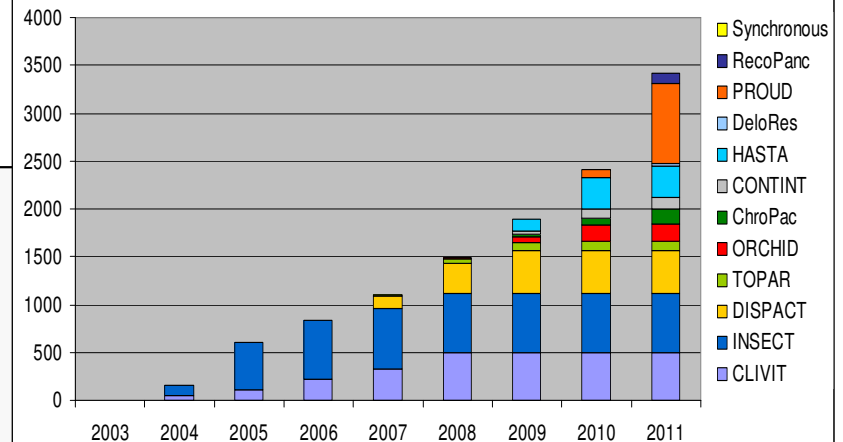
DGCH Study Center
(www.sdgc.de)

- 16 RCT's (multicenter trials)
- > 220 Study Hospitals
- > 4400 Randomized Patients
- > 60 Publications in Peer Review Journals

Education and Training

- Courses for surgical investigators
 - Participants: 485 in GCP-Courses
 - 437 in PI-Courses
- Courses for study nurses
 - Participants: 258
- Rotations of surgeons into the regional CHIR-Net center
 - Participants: 32 Rotating Residents

Recruiting surgical patients in multicenter clinical studies 2003 - 2011



Klinische Studien

Redaktion
C. M. Sailer, Heidelberg
A. Moreno-Borchart, Heidelberg

Rekrutierende multizentrische chirurgische Studien in Deutschland
Laufende Studien

In der Rubrik „Klinische Studien“ wird regelmäßig eine aktualisierte Liste von rekrutierenden multizentrischen chirurgischen Studien vorgestellt. Details und Hintergrund im Beitrag: Wente MN et al. (2007) Rekrutierende multizentrische chirurgische Studien in Deutschland. Chirug 78: 362-366

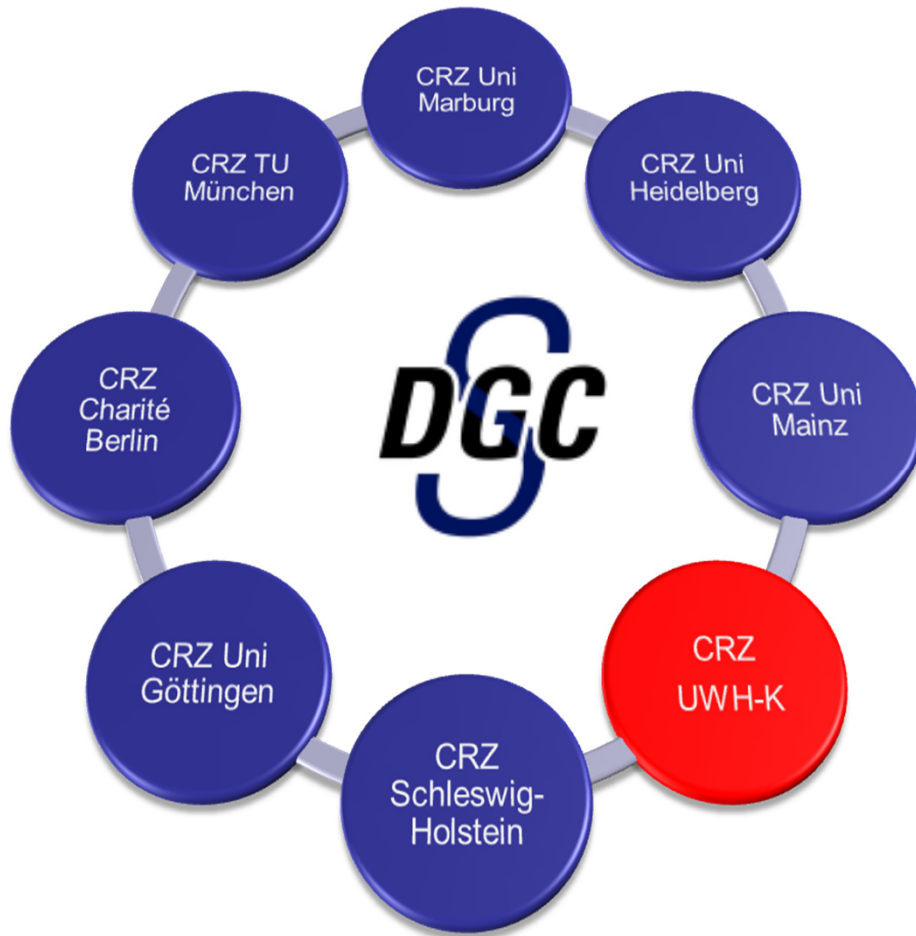
Die Tabelle enthält Informationen über laufende Studien, die aktuell rekrutieren und daher zur Teilnahme von interessierten Chirurgen offen sind. Die Liste hat selbstverständlich nicht den Anspruch auf Vollständigkeit. Neuregistrierungen sind über das Studienzentrum der Deutschen Gesellschaft für Chirurgie möglich.

Kontakt
Dr. A. Moreno-Borchart
CHIR-Net Koordinationszentrale am SDGC
T: 06221/56-37728
F: 06221/56-6988
E: alexandra.moreno-borchart@med.uni-heidelberg.de
www.chir-net.de

Studienleiter	Patienten/OP-Verfahren	Status der Studie	Finanzierung der Studie/Fallgeld	Ansprechpartner
Studienleiter: ABC trial¹ Registrierungsnummer: ISRCTN39997806				
Prof. Dr. H.-H. Eckstein	Symptomatische (IPWK IIb) Stenosen/Verschlüssen der A. femoralis superficialis (10-20 cm) Studienarm I: Biotra endovaskuläre Therapie (stentgestützte Angioplastie) Studienarm II: Biotra chirurgische Therapie (femoropoplitealer (P)-Segment) Bypass mit autologer Vene (I. Wahl) oder allograftischen Material (falls keine adäquate Vene zur Verfügung steht)	Studienstart 09/2010 1 von 470 Patienten	DFG, Industrie € 350/Patient	Prof. Dr. H.-H. Eckstein Klinik und Poliklinik für Gefäßchirurgie Klinikum rechts der Isar Isarmanngasse 22 81675 München Tel.: 089/4140-2167 Fax: 089/4140-4861 email: gpf@schirurgie@lrz.tum.de
Studienleiter: ANTERIOR APPROACH² Registrierungsnummer: ISRCTN45066244				
Prof. Dr. J. Weitz	Synchrone oder metachrone kolorektale Lebermetastasen, potentiell kurative Hemihepatektomie rechts Gruppe 1: Konventionelle Leberresektion Gruppe 2: Anterior approach Resektion	Studienstart 02/2003 81 von 150 Patienten	Kein Fallgeld	Prof. Dr. J. Weitz Klinik für Allgemein-, Viszeral- und Transplantationschirurgie Universitätsklinik Heidelberg T: 06221/56-6250 F: 06221/56-5506 E: juergen.weitz@med.uni-heidelberg.de

Der Chirurg, online Ausgabe - 2011 | 1

Cooperation between SDGC, CHIR-Net and AN-Institute Magdeburg



GSS

DGCH Website



DGCH

Deutsche Gesellschaft für Chirurgie

Start About the DGCH | Contact



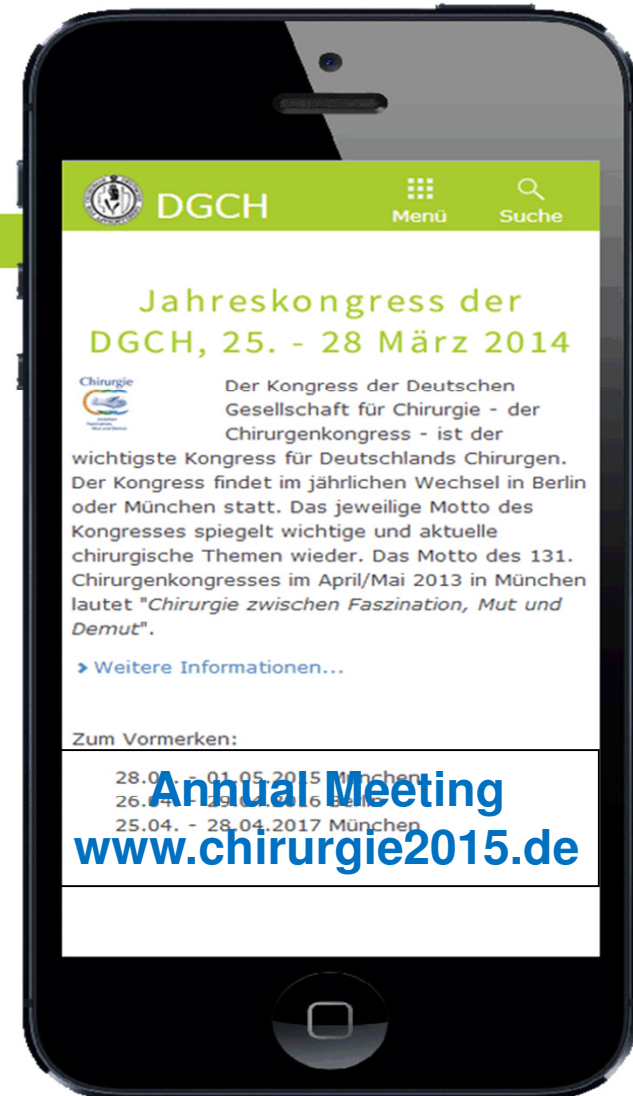
of the German Society of

Everybody who is interested in the work of
tion about this wide field and its special

urgery is one of the oldest medical-scientific
ten surgical specialisations, which in turn
pose of the society is "the promotion of the
Here, you will find further information on

ng groups
ivities
ilities how DGCH promotes young surgeons

ollaboration with other international surgical
ome any comments to our website and to our



Invitation to Munich



Chirurgische
im Werte-Wandel
Heilkunst

Deutsche 132. Kongress
Gesellschaft 28. April – 1. Mai 2015
für Chirurgie München / ICM

Chirurgische Heilkunst im Wertewandel

Präsident: Prof. Dr. med. Peter M. Vogt



GSS

Scientific awards and scholarships

- Von-Langenbeck Award (most prestigious research prize of DGCH) 10.500 €
- Rudolf Zenker Award (advancements in clinical surgery) 6.000 €
- Felicién-Steichen-Award (anastomotic techniques) 5.000 €
- Karl-Heinrich-Bauer-Award (Research in surgical oncology) 4.000 €
- Müller-Osten-Award (History and Ethics in Surgery) 7.700 €
- Erich Ungeheuer Award (best new video in the Media Center of GSS) 3.000 €
- Fritz Linder Forum Award (Best Paper presented in Surgical Forum) 2.500 €
- Annual Awards für the best Film- and Poster-Presentations (each with 1.500 €)

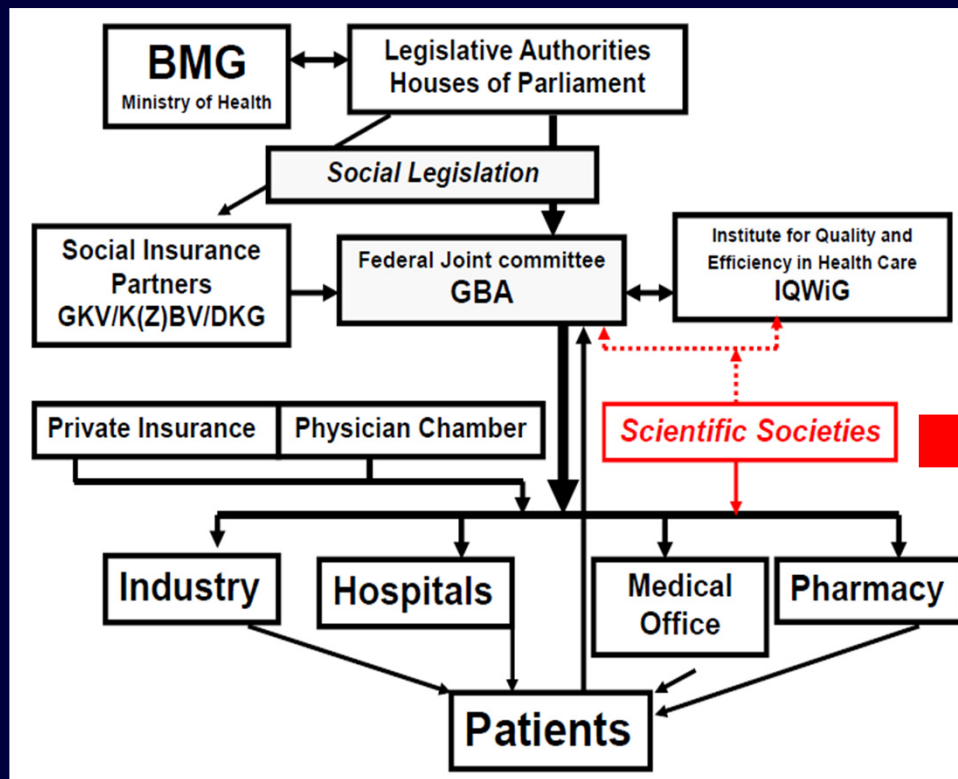
>100.000 €/year

- Travel grants for young German surgeons (up to six, each funded with 5.000 €)
- Travel grants for young surgeons from foreign countries (up to 5 each funded with 5.000 to 6.000 €)
- Travelling Fellowship Exchange (each with 5.000 €)
 - Clinical Congress of the American College of Surgeons
 - Annual Congress of the Japanese Society of Surgeons

Mission statement (2011)

- We examine, advise and treat our patients in an ethical manner, scientifically justified and in collegial cooperation
- We are experts in the diagnosis, the conservative, interventional and surgical treatment in surgery
- We take responsibility for the entire course of treatment for our patients
- We support the prevention of diseases and injuries in the population
- We set surgical standards and develop guidelines
- We run, promote and evaluate surgical research. We publish the results and make them usable.
- **We inspire young people and convey the attractiveness of surgery**
- **We design the continuous qualification of surgeons**
- **We regularly inform the public about our work.**
- **We regard ourselves as a responsible partner in shaping the healthcare system.**

Liaising with key politicians and policymakers



Influence of scientific societies on political opinion leaders is very limited !!

- Meeting corporatist actors, representatives and key individuals on key issues – supplying necessary briefing and advising GSS council members
- Keeping regular contact with opinion leaders in health care politics and bringing particular concerns to attention of politicians
- Assessing and consulting of legislative proposals during ongoing legislative procedures with written statements and in the course of hearings

and the very last slide !



有り難うございます !!

Thank you very much for your kind attention!!

Vielen Dank, dass Sie mir zugehört haben!!

Presidents of the GSS (since 1872)

<i>Langenbeck, Bernhard v., Berlin (29.09.1887)</i>	<i>1872-1885</i>
<i>Volkman, Richard v., Halle/Saale (28.11.1889)</i>	<i>1886, 1887</i>
<i>Bergmann, Ernst v., Berlin (25.03.1907)</i>	<i>1888-1890, 1896, 1900</i>
<i>Thiersch, Karl, Leipzig (28.04.1895)</i>	
<i>Bardeleben, Adolf v., Berlin (24.09.1895)</i>	
<i>König, Franz, Göttingen (12.12.1895)</i>	
<i>Esmarch, Friedrich v., Kiel (23.06.1895)</i>	
<i>Gussenbauer, Carl, Wien/Österreich (1895)</i>	
<i>Bruns, Paul v., Tübingen (02.06.1916)</i>	<i>1897</i>
<i>Trendelenburg, Friedrich, Leipzig (16.12.1924)</i>	<i>1898</i>
<i>Hahn, Eugen, Berlin (. 01.11.1902)</i>	<i>1899</i>

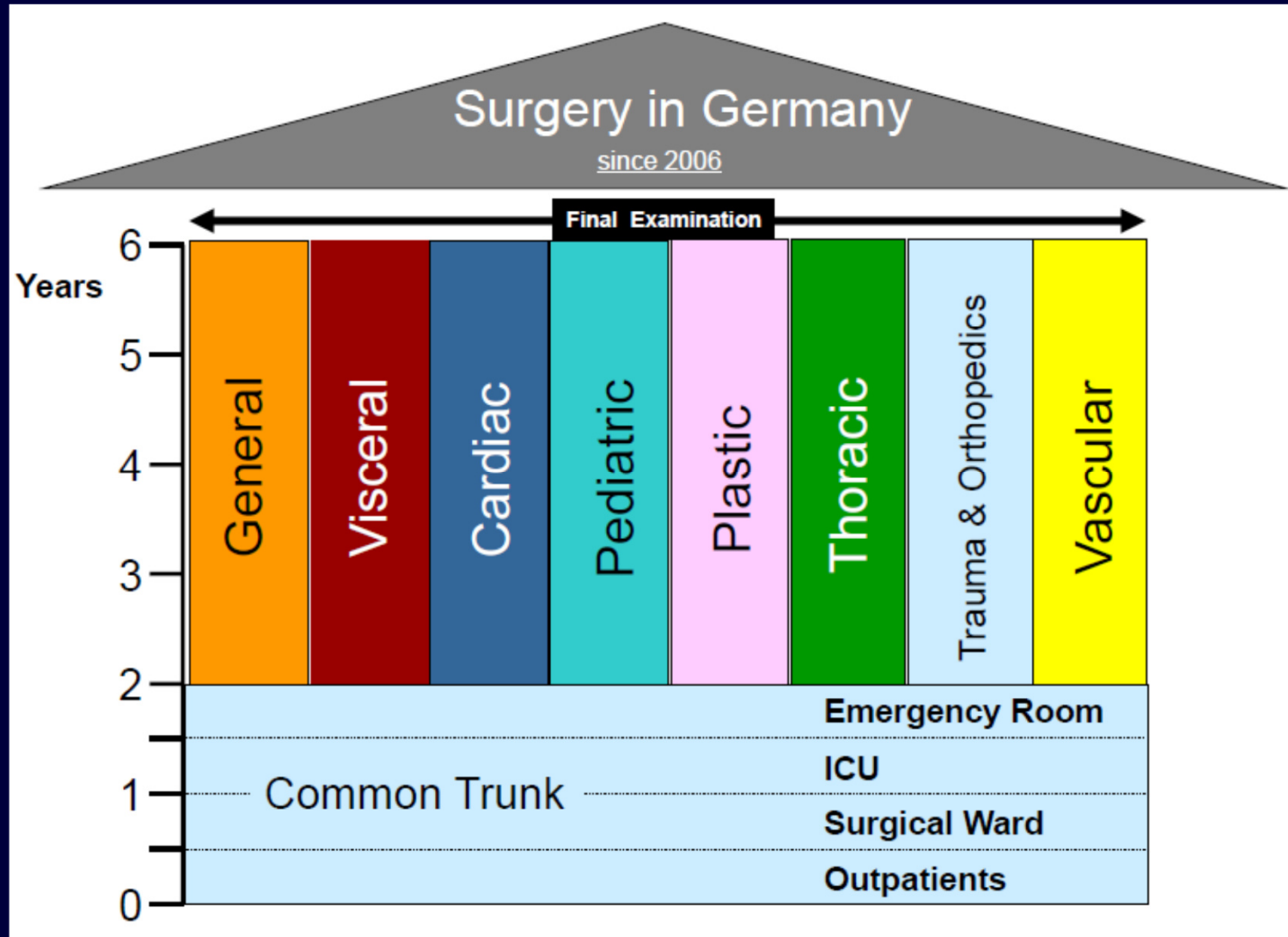
The founding members
 were among the leaders of German
 surgery in an era that saw the introduction
 of many advances, enabling the rapid
 development of surgical science as we
 know it today. Most of these
 names will be found among those
 of the **Presidents of the German
 Society of Surgery**

Against repression and forgetting



GSS

Specialization in Surgery



GSS

Newsletter of the GSS



DGCH aktuell

Newsletter der Deutschen Gesellschaft für Chirurgie. Für Mitglieder.

1 | 2014

EDITORIAL



Liebe DGCH-Mitglieder,

das neue Jahr ist erst wenige Wochen jung und schon bewegen Themen die Öffentlichkeit, die vor allem auch für Chirurgen von großer Bedeutung sind: Der Krankenhausreport der AOK liefert neue Zahlen – aber ist deren Bedeutung auch neu? Die

What kinds of changes will grow up in surgery

- **of the Development of other disciplines**
Interventional radiology/endoscopy
- **of the Progress of the pharmaceutical industry**
Reduction of the „big“ oncologic surgery
- **of the Progress of preventive treatment**
- **of Structural choices**
Specialization
 - organ-related?
 - methods based?
- **of financial possibilities**
- **of social standing**

The challenge

The department of surgery

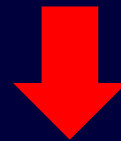
- Surgery in student teaching
- Junior training, further education, skill enhancement
- Surgical research [Curricula, research funding (IF/ LOM), payment]
- New forms of care (more outpatient treatments)
- Task delegation
- Perspectives (achievable final position, work-life balance)

Demographic development

- Increased demand for health services
- Adaptation of structures to meet the needs of patient (continuous care service)
- Generate offspring

Medical progress

- Shift of the departments and assignment of benefits
- Change in the medical and organizational processes and structures
- Innovation and process review
- Increased competition for resources



**require pooling resources and joint action in the socio-political and socio-economic environment
and
closer cooperation and coordination of all surgical societies**

What do surgical residents need?

- **Increased quality of a better structured surgical training**
 - Curriculum (modular concept)
 - Logbook
 - Cooperations between different departments/Rotation
 - Regular postgraduate lectures
 - Skills courses, E-learning, Blended-Learning
 - Motivated and skilled surgical trainer (Courses „Train the Trainer, Apprenticeship)
 - Evaluation of surgical training
- **Improved teaching (and working) culture**
- **Adequate payment of surgical work**
- **Reduction of non-surgical work. Concentration on their major task: Surgery (>20% of working time used for bureaucracy!)**
- **Flexibility of working time (EWTD) and shift-models**
- **Family-friendly working conditions**

**They need best support by the educational system.
This is our responsibility**